

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-7

CERTIFICATE OF DEATH

03369

Reg. Diat. No. 351

1. PLACE OF DEATH:

County Montgomery
 City or town Snow Hill Rural #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 77 years 4 mo 18 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Montgomery
 City or town Snow Hill Rural #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION) 710
 2.(a) If veteran, name war

3. (a) FULL NAME

Charlotte H. Adkins

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife King H. Adkins
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 20 - 1864

8. AGE: Years 78 Months 4 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Snow Hill, Montgomery, Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name George W. Shogbly

13. Birthplace Maryland

14. Maiden name Charles Davis

15. Birthplace Maryland

16. Informant Wm. Riddle W. Adkins

Address Snow Hill, Md Rural #1

17. Female Date thereof March 31, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory near Snow Hill, Md

Location Hearse + Dignity

18. Funeral director Hearse + Dignity

Address Snow Hill, Md

19. 3/30/45 19 45 Re Roy Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 45 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/15/45 19 45 to 3/29/45 19 45
 and that I last saw her alive on 3/28/45 19 45

Immediate cause of death Metastatic Cancer of
Esophagus Primary
 Due to focus unknown
 Due to

DURATION

1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Chen M.D.

Address Snow Hill Date signed 3/27/45

RECEIVED
APR 4 1945
BUREAU V.S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

Reg. Dist. No. 03370 350

1. PLACE OF DEATH:
 County Worcester
 City or town Pocomoke city
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke city
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Walnut
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Bernice Ward Bayly

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Stanley Bayly
 6.(c) If alive, give age 38 years
 7. Birth date of deceased (mo., day, yr.) June 6, 1907
 8. AGE: Years 37 Months 8 Days 29 If less than one day
hrs.min.

9. Birthplace Woolbourne, Worcester, md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Grover Ward
 13. Birthplace md

MOTHER 14. Maiden name Stella Wickensow
 15. Birthplace md

16. Informant Stanley Bayly
 Address Pocomoke city, Ind.

17. Burial Date thereof March 8, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Presbyterian
 Location Pocomoke city

18. Funeral director Margarette Hurstow
 Address Pocomoke city, md.

19. March 8, 1945 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1945 at 3:30 P. M.

21. CERTIFY that death occurred on the date above stated: that I attended deceased See her as a family physician
 and that I last saw her March 6th 1945

Immediate cause of death Suicide by DURATION Instantaneous
automatic pistol

Due to Melancholia

Due to Epicrisis Wm. Womack

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/5/45
 Where did injury occur? near Pocomoke city, Worcester, md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Automatic pistol Injured at work? No

23. SIGNATURE B. E. Cartwright M.D.
 Address Pocomoke city, md. Date signed 3/8/45

RECEIVED
APR 5 1943
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Dist. No. 03371 350

1. PLACE OF DEATH:

County Prince George's
City or town Pocomoke City (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex Female 5. Color or race C. 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife No husband

7. Birth date of deceased (mo., day, yr.) Feb 28th 1903 8. (c) If alive, give age years

8. AGE: Years 42 Months 0 Days 6 If less than one day hrs. min.

8. Birthplace McKinnis Park, Accomack Co., Va (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name James Bogus

13. Birthplace D.C.

14. Maiden name Jamesa Copes

15. Birthplace K 1 Del

16. Informant Jamesa Copes

Address Pocomoke City Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof March 21, 1945 (month) (day) (year)

Cemetery or crematory Jerusalem Cemetery

Location Accomack Co. Va

18. Funeral director Edgar Thomas

Address Pocomack Va

19. March 20, 1945 Anne E. White Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED

(For new-born infants, give residence of mother)

State Pocomoke County Prince George's

City or town Pocomoke (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1945 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased after death as Dep. Med. Examiner and that I last saw him March 16 1945

Immediate cause of death Protobothryc pneumonia DURATION

Due to C. Myocarditis SK

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE N. E. Sartorius M.D. or other

Address Pocomoke City Md Date signed 3/17/45

RECEIVED
APR 5 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

03372

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 54-11-28
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 500 Laurel Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lottie Ellen James

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ernest James
 6. (c) If alive, give age 54 years
 7. Birth date of deceased (mo., day, yr.) November 28, 1890
 8. AGE: Years 54 Months 11 Days 28 It less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke City-Worcester-Maryland
 (Town, county, and state)

10. Usual occupation Janitor11. Industry or business Bank & Theater12. Name James H. Gunby13. Birthplace Pocomoke City, Maryland14. Maiden name Amelia Dennis15. Birthplace Worcester County, Maryland16. Informant Ernest JamesAddress 500 Laurel St., Pocomoke, Md.17. Burial Date thereof Mar. 25, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Halls Hill CemeteryLocation Pocomoke City, Maryland18. Funeral director H. Harvey BradshawAddress Pocomoke City, Maryland19. March 24 19 45 Anne E. Thiele

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 45 at 5:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 19 42 to March 22 19 45and that I last saw him alive on March 21 19 45

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. M. Wilson, M.D.Address Pocomoke City Date signed 3/23/45Duration the3 1/2

RECEIVED
APR 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

03373

Reg. Dist. No. 352

1. PLACE OF DEATH:

County Worcester

City or town Georgetown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Georgetown Md. Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Lewis Harvey Kirk

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1945

8. AGE: Years 2 Months 6 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Wilmington Del.
(Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name Lewis Harvey Kirk Jr.

13. Birthplace Pa.

14. Maiden name Helena Walters

15. Birthplace Del.

16. Informant Mrs. Helena Kirk

Address Georgetown Md.

17. Buried Date thereof March 19, 1945
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Grace Lawn Cemetery

Location Near Wilmington Del.

18. Funeral director Clinton H. Watson

Address Frederick Del.

19. 3/18/45 Mrs. Roy Beery
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19, 1945 at 10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3, 1945 to Feb 17, 1945 and that I last saw him alive on Feb 17, 1945

Immediate cause of death Organic Heart lesion DURATION _____

Due to Former not closing properly at birth

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE J. H. Thompson M. D. or other _____

Address Georgetown Md. Date signed Feb 18/45

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

RECEIVED

APR 3 1945

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County WorcesterCity or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County WorcesterCity or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Raymond Robert Layton

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

November 6, 1942

6. (c) If alive, give age _____ years

8. AGE:

Years

2

Months

4

Days

15

If less than one day

_____ hrs.

_____ min.

9. Birthplace Ocean City, Wor. Co. md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name

Wilford J. Layton

13. Birthplace

Ocean City md. RFD

MOTHER

14. Maiden name

Margaret Hancock

15. Birthplace

Chincoteague Va.

18. Informant

Mr. Wilford J. Layton

Address

Ocean City md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

3/23/45
(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin md.

18. Funeral director

Franklin B. Hill

Address

Salisbury md.

19.

3 23 45
(Date rec'd by registrar)

19.

Helen F. Hayward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 - 1945 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____

DURATION

Not in attendance

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Chas R. Law
M. D. or other _____
Address Berlin md. Date signed 3-22-45

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH

U.S. DEPARTMENT OF HEALTH

RECEIVED
APR 4 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12620

CERTIFICATE OF DEATH

03375

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
 Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 70
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

James Nelson

3. (b) Social Security Number

The Social Security Number is 123-45-6789

4. Sex

male

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 30 1877

8. AGE:

Years 67 Months 9 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace

Snow Hill, Worcester, Md.

10. Usual occupation

Laborer

11. Industry or business

William Nelson

12. Name

Maryland

13. Birthplace

Annapolis, Md.

14. Maiden name

Maryland

15. Birthplace

Maryland

16. Informant

Mrs. Sarah Jones

Address

27 Greenway Rd. Bklyn, N.Y.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof March 18, 1945
(month) (day) (year)

Cemetery or crematory

Snow Hill, Md.

Location

Harris & Harris

18. Funeral director

Snow Hill, Md.

Address

399 45 Le Roy Smith

19. (Date rec'd by registrar)

1945 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1945 at 4:30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Broken neck

Due to Fall out of second story window

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of March 9, 1945Where did injury occur? Snow Hill, Worcester, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall Injured at work? No

23. SIGNATURE

John L. Riley, M.D. or other
Address Snow Hill, Md. Date signed 3/9/45

RECEIVED
APR 4 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 921

CERTIFICATE OF DEATH

03376

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester
 City or town Shicklin Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Worcester
 City or town Shicklin Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(u) If veteran, name war 70

3. (a) FULL NAME

Eduard Ercutt York

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (u) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Martha E. YorkJuly 15 1865 6. (c) If alive, give age 79 years7. Birth date of deceased (mo., day, yr.) October 21, 1861

8. AGE: Years 83 Months 7 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Accomack Co. Va
(Town, county, and state)10. Usual occupation Farmers

11. Industry or business

12. Name Eduard York13. Birthplace Va.14. Maiden name Wm. Porters15. Birthplace Va.16. Informant R. M. YorkAddress Shicklin Md17. Burial Date thereof March 11/45
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory WhitcombLocation Snow Hill Md18. Funeral director Blaine SummAddress Snow Hill Md19. Mar 11 1945 Wm M. Tugls
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 45 at 8:30 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 25 1945 to March 9 1945and that I last saw him alive on March 8 1945Immediate cause of death Calver's Heart Disease DURATION 10 yrs

Due to _____

Due to _____

Other conditions Hypertrophy of Aorta 1945

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE John R. Mann M. D. or other _____Address Salisbury Md Date signed 3/10/45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72)

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester Md
 City or town Ocean City Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death near life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Worcester
 City or town Ocean City Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3. (a) FULL NAME

Wesley Pierce
 4. Sex male 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced married
 8. (b) Name of husband or wife Maggie Pierce
 7. Birth date of deceased (mo., day, yr.) about 1890
 8. AGE: Years _____ Months _____ Days _____ It less than one day _____ hrs. _____ min.

3. (b) Social Security Number

222-03-5436

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 9 19 45 at _____ M
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 10 19 45 to Mar 12 19 45
 and that I last saw him alive on Mar 9th 19 45
 Immediate cause of death Acute Alcoholism
Felty Heart
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operation _____ Date of op. _____

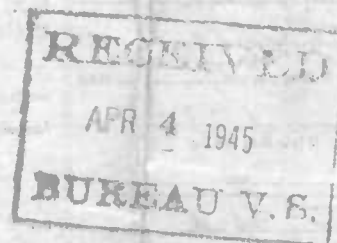
Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James H. Stewart M.D. or other no
 Address Ocean City Md Date signed Mar 9th

9. Birthplace Kent County Md
 (Town, county, and state)
 10. Usual occupation Laborter
 11. Industry or business Same as above
 12. Name John W. Pierce
 13. Birthplace Kent County Md
 14. Maiden name Annie Butler
 15. Birthplace Kent County Md
 16. Informant Mrs Emma Pierce
 Address Ocean City Md
 17. Burial Date thereof Mar 14th 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Evergreen
 Location Bertons Md
 18. Funeral director James H. Stewart
 Address Baltimore Md
 19. 3-14 19 45 Helen F. Hayward
 (Date rec'd by registrar) Registrar

Henry Jackson



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town RURAL, Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 79 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town RURAL, Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. # RFD 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Elizabeth Pilchard

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	
Female	White	Widowed	

8. (b) Name of husband or wife William K. Pilchard
 7. Birth date of deceased (mo., day, yr.) December 22, 1865
 6. (c) If alive, give age _____ years
 8. AGE: Years Months Days If less than one day
79 2 14 _____ hrs. _____ min.

9. Birthplace Khedge Grange-Worcester-Md.
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business _____
 12. Name Hezekiah Jones
 13. Birthplace Worcester County, Md.
 14. Maiden name Julia Ann Mason
 15. Birthplace Worcester County, Md.

16. Informant Mrs. Viola Tarr
 Address Pocomoke City, Md. Rt. # 1
 17. BURIAL Date thereof Mar. 9, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Tilghman Cemetery
 Location RURAL, Pocomoke City, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Pocomoke City, Maryland

19. March 8, 45 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1945 at 9:45 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15, 1945 to March 6, 1945
 and that I last saw her alive on March 2, 1945
 Immediate cause of death Myocardial Infarction
 DURATION 1 year
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE [Signature] M. D. or other _____
 Address [Signature] Date signed 3-8-45

CERTIFICATE OF DEATH

RECEIVED
APR 5 1945
BUREAU V.S.

RECEIVED NOT RECORDED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke City Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 yrs
 Hospital, institution, or street address where death occurred -

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke City Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Henry M. Prader

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Hattie F. Prader

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 81 years
March 6, 1859

8. AGE:

Years 85 Months 11 Days 29
 If less than one day
hrs.min.

9. Birthplace

Stockton, Worcester, Md.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

MOTHER

12. Name

Littleton, Prader

13. Birthplace

Maryland

14. Maiden name

Unknown

15. Birthplace

Stockton, Worcester, Md.

16. Informant

Mrs. Hattie Prader

Address

Pocomoke City Md.

17. Burial

Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 7, 1945
(month) (day) (year)

Cemetery or crematory

Salem M. E. Cemetery

Location

Pocomoke City Md.

18. Funeral director

Margaret A. Dutton

Address

Pocomoke City Md.

19. March 7, 1945

Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 5, 1945 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1938 1945
Feb 22 1945
 and that I last saw him alive on Feb 22 1945

Immediate cause of death

off on for asthma

DURATION

Due to

Due to

Other conditions

arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

N. E. Sartorius Md.
 Address Pocomoke City Md. Date signed 3/6/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

03380

Reg. Dist. No. 955

1. PLACE OF DEATH:

County Worcester
 City or town Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Rural - Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Synepuxent
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Anna Lee Rodney

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Charles H. Rodney

7. Birth date of deceased (mo., day, yr.)

Oct. 16, 1877

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67416

hrs.

min.

9. Birthplace

Berlin Worcester Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER MOTHER

12. Name

Edward Henman

13. Birthplace

MD
Elizabeth Widgen

14. Maiden name

15. Birthplace

MD

16. Informant

Charles H. Rodney

Address

Berlin R.F.D.

17.

(Burial, cremation, or removal. Which?)

Date thereof

3/4/45
(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin Md.

18. Funeral director

Franklin B. Hill

Address

Salem Md.

19.

(Date rec'd by registrar)

19.

45 Helen F. Hayward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 2,1945, at 8 - A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1944 to March 2, 1945

and that I last saw him alive on

Dec 5, 1945

Immediate cause of death

Organic Heart -
Ischemic, due to atherosclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

W. A. BROWN, JR., Registrar

FILE NO.

RECEIVED

APR 4 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County WorcesterCity or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alice Ruth Shovel

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

✓

6. (b) Name of husband or wife

B. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

March 18, 1945

8. AGE:

Years

Months

Days

If less than one day

003

hrs.

min.

9. Birthplace

Ocean City, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Gardner Dennis

13. Birthplace

Md.

MOTHER

14. Maiden name

Eulalia Shovel

15. Birthplace

Ocean City Md.

16. Informant

Jessie Lough

Address

Whaleysville Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

3/22/45
(month) (day) (year)

Cemetery or crematory

St. Pauls

Location

Berlin Md.

18. Funeral director

Franklin B. Hehl

Address

Salisbury Md

19.

(Date rec'd by registrar)

19.

45 Helen S. Hayward
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Worcester

City or town

Ocean City
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 21 1945 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 18 1945 to Mar 21 1945and that I last saw her alive on Mar 21 1945

Immediate cause of death

Cerebral hemorrhage

DURATION

3 days

Due to

Dystocia

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. H. H. H. H.

M. D. or other

Address

Mar 22, 1945Date signed 3-21-45

RECEIVED
APR 4 1945
BUREAU V.S.